

**MILITARY WORKING DOG (MWD) ADOPTION APPLICATION**

*Thank you for considering the adoption of a MWD. Please take a few moments to carefully read and complete this application. The decision to adopt a MWD is one that must be taken seriously. In order to insure that you and the MWD will be happy and safe for years to come, we need to take time to discuss your and the animals individual needs and personality traits. Before you begin your interview please note:*

- *You must have two forms of Identification*
- *You must provide the name and telephone number of two personal references we can reach on the phone during the interview process*
- *We will need to speak to all adults currently residing in your household*

**PERSONAL DATA**

Name (Last Name, First Name, MI)		Spouse Name (Last Name, First Name, MI)	
Home Address		Apt	
City	State	Zip Code	Home Phone ( )
Are You ( ) Working ( ) Retired ( ) Attending school ( ) Homemaker			
Employer's Name	Work Phone ( )	Spouse Employer's Name	Work Phone ( )
Address	Working Hours	Address	Working Hours
e-mail Address			

**HOUSEHOLD INFORMATION**

Are there any other adults living in the household? ( ) Yes ( ) No If you answered yes, list below the other members of the household				
Name	Employer's	Address	Work Phone	Working
1.			( )	
2.			( )	
3.			( )	
Maximum number of hours MWD will be left alone daily?		Who will be caretaker for the pet? ( ) Self ( ) Spouse ( ) Children ( ) Roommate		
How many children are at home?	List ages here:			
Do you: ( ) Own ( ) Rent	Does your landlord/lease or co-op allow pets? ( ) Yes ( ) No		Do you have screens on your windows? ( ) Yes ( ) No	

Where will your pet be kept primarily? ( ) Inside ( ) Outside	Are you moving? ( ) Yes ( ) No If yes, when?
Are any members of your household allergic to pets? ( ) Yes ( ) No	

**PET INFORMATION**

List below any pets you have owned in the past 5 years:				
Type of pet	Age	Spayed/Neute	Years	Do you still have this pet? If not,
1.		( ) Yes ( )		( ) Yes ( ) No
2.		( ) Yes ( ) No		( ) Yes ( ) No
3.		( ) Yes ( )		( ) Yes ( ) No
4.		( ) Yes ( )		( ) Yes ( ) No
If there are pets living with you, have they been vaccinated? ( ) Yes ( ) No If yes, when?				
Veterinarian's Name		Address		Phone ( )

**PHONE REFERENCES** (Not living with you, but can be reached by telephone during interview)

Reference Name	Address	City, State, Zip code	Phone
			( )
			( )

**The above information is true to the best of my knowledge**

\_\_\_\_\_  
**Signature of Adopter**

\_\_\_\_\_  
**Date**

## SUPPLEMENTAL ADOPTION INTERVIEW FORM

The following questions will be answered to the best of the candidate's knowledge. The answers will help us make the best possible adoption decision based on the candidate's level of experience. The kennel master or commander designated representative should conduct the face-to-face interview.

### Questions for the interviewer to ask the candidate

Applicant's Name:			
Animal's Name:	Breed:	Age:	Sex:
Why are you interested in this dog?			
Have you previously owned a dominant dog? ( ) Yes ( ) No			
What breed types have you owned in the past?			
How long did you have the dog(s)?			
Where are they now?			
Do you intend to use this dog for personal protection or commercial property security? ( ) Yes ( ) No			
Did the dog(s) ever bite or show aggressive behavior towards you/family members/or any other individuals? ( ) Yes ( ) No If yes, explain what happened:			
Have you ever trained a dog before? ( ) Yes ( ) No If yes, what type of training methods did you use?			
What type of discipline/corrections would you use with a dog?			
If the dog refused to obey a command such as "get off the couch", explain what you would do to correct this behavior.			
If you returned home to find that your dog had chewed your favorite shoes or urinated on the floor what would you do? Explain what you would do to correct this behavior			
If the dog needs professional training, are you willing and financially able to enroll the dog in a group class or with a private trainer? ( ) Yes ( ) No			
Have you applied to adopt a MWD before? ( ) Yes ( ) No If yes, when?			
How did you hear about our adoption service? ( ) Newspaper ( ) Internet ( ) Friend ( ) TV, what show ( ) Other			
Someone in my home is nervous or unsure of dogs... ( ) Very (ex. bitten as a child) ( ) Moderately ( ) Some (no experience with dogs) ( ) N/A			

<b>I have:</b> <input type="checkbox"/> Indoor cat(s) <input type="checkbox"/> In/out cat(s) <input type="checkbox"/> Dog(s) <input type="checkbox"/> Other pets, please list
<b>The noise/activity level in my home is usually:</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
<b>When it comes to keeping a clean and tidy house I am:</b> <input type="checkbox"/> Very Particular <input type="checkbox"/> Particular <input type="checkbox"/> Easy going
<b>When it comes to pets lying/sleeping on the bed or furniture I:</b> <input type="checkbox"/> Would allow <input type="checkbox"/> Would not allow <input type="checkbox"/> Don't care
<b>I need a dog that will tolerate being alone _____ hours.</b>
<b>I would enjoy brushing or grooming my dog:</b> <input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<b>I would enjoy taking my dog in the car:</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Frequently <input type="checkbox"/> Once in a while
<b>I prefer a dog whose energy level is:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<b>I prefer a dog that:</b> <input type="checkbox"/> Will enjoy walking with me on leash <input type="checkbox"/> Will enjoy walking with me on or off leash <input type="checkbox"/> Will run, jog or hike with me <input type="checkbox"/> Will exercise him/herself in our yard <input type="checkbox"/> Requires little exercise
<b>I have or I am planning for:</b> <input type="checkbox"/> A fenced yard <input type="checkbox"/> A dog run <input type="checkbox"/> A stationary tie-out
<b>My ideal dog would:</b>      
<b>Bad dog habits I just can't tolerate:</b>      

**Please tell us anything else you would like us to know about you and why you are interested in adopting a military working dog**

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### **Candidate Agreement Section**

	Initials
I agree to provide reasonable shelter. (Minimum 5 ft W x 5 ft L x 3 ft H)	
I agree to provide a fenced yard to safely contain MWD. (Minimum 6-foot fence - 200 sq ft exercise area)	
I agree to obtain and provide reasonable medical care. (Vaccinations, yearly examination, external and internal parasite control)	
I agree to notify any veterinary staff that this dog is a former military working dog	
I agree to provide adequate food and water	
I have been fully briefed on training received by this military working dog	
I viewed the video showing building search, obedience course, attack, reattack, and detection	
I understand that I need to abide by local animal control, dangerous animals, and licensing laws	
I have received a list of critical commands used to control this military working dog's behavior	
I have received a written summary of this dog's health	
I understand that all military working dogs are neutered/spayed prior to adoption	

\_\_\_\_\_  
**Owner Candidate Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**